

Lou, thank you so much for that introduction, and thank you to Native Nation Events for inviting me to be here with you all today! During your conference, you are going to hear from experts about changes you want to make to improve health care in Indian Country and you all know there is a lot of work to do.

It is an honor to be here with you today to be part of this important discussion that affects our Country, your Nations and your families. This is an opportunity for your government, the federal government, and the private sector to work together to improve delivery of health care services.

Before I was able to secure a seat on the Interior Appropriations subcommittee, I began a journey to understand better the history, challenges, hopes, and dreams of my sisters and brothers in Indian Country. I have been listening, reading, visiting, and asking many questions only to learn I have just begun and have a long way to go. My goal is to use the information I gather and put it to work for you in your communities. We have so much work to do together, but in the past few years there have been some real successes, and I want to highlight one of the big successes.

One year ago, because of President Obama and Democratic leadership in Congress working together, we finally – FINALLY – permanently reauthorized the Indian Health Care Improvement Act as part of the Affordable Care Act. The Indian Health Care Improvement Act reauthorization was more than a decade overdue. And this is really good news - you'll never have to go through this again since the reauthorization is permanent.

Now you have more flexibility to administer your own funds to improve health care. No one knows your families' needs better than you do and you know how badly attention is needed to be focused on better outcomes in Indian Country.

That's the good news. But the bad news is that Members of Congress on the other side of the aisle are serious about repealing the Affordable Care Act, which includes the Indian Health Care Improvement Act. Democratic and Republican friends of Indian Country must fight to protect the Indian Health Care Improvement Act and insist that discussions of repeal do not include it. Now let me be very clear - I do not support repealing the Indian Health Care Improvement Act or any of the Affordable Care Act, which provides new benefits for all Americans.

As long as President Obama is still in the White House, repeal of the Indian Health Care Improvement Act or the Affordable Care Act will not happen. However, I still have a great concern, particularly in this budget environment, because those who want repeal will also try to stop both Health Acts from moving forward by preventing funding for implementation. We have to remain vigilant, and not take this reauthorization or the funding for granted.

Through conversations I have had with Native Americans, you have made me aware of devastating health disparities. In order to turn these problems into opportunities to improve health outcomes, we must work together. Your communities need to be empowered to address the pressing health issues you face. Take diabetes for an example. In an Interior hearing, I heard about patients who have to drive 90 miles each way to a health center to receive dialysis. The solutions that your community develops for access to health care will be more effective than if the federal government alone decides what should happen.

Recently, I spoke with a tribal member from South Dakota, Lynn Rap, and she shared a situation you all know well – many grandparents are taking in and raising their grandchildren. Many of these elders have health conditions, for example they may experience insulin shock or worse. In these situations, the children do not necessarily recognize the warning signs or know how to react. This is an opportunity to provide education on what to do in an emergency and focus on diabetes prevention.

Her idea was that the community needs to discover a way to teach the children how to respond in that situation. Your communities will know how to do this in a culturally appropriate manner, and the federal government needs to respect that communities can come up with solutions for their problems.

You are familiar with the problems. Unfortunately, many health facilities are severely understaffed and some are even falling apart. Because of this, health care becomes rationed and often funding is not available. Everyone in this room knows what I mean by "Don't get sick after June."

But you also know the solutions, and the federal government should be working as a partner with you. This is not just about diabetes, but about mental illness and youth suicide, about alcoholism, obesity and domestic violence.

You know best what is needed and you know the questions that need to be answered. Does your hospital fully function? Do you need a top-notch clinic to provide day-to-day care? Do you need dental care? Do you need eye care? Do you need ambulance services and EMTs? Do you need more physicians assistants and nurses? Do you need transportation for dialysis or better health education for you and your family?

You have answers for all of these questions. But these ideas and solutions also need full-funding, and that's what the federal government has agreed to provide you. I know you've communicated to Washington your needs, your ideas, and your solutions for your communities, and you should expect action. You have to hold people in Washington – myself included – accountable.

Here is an example of a problem that has now become an opportunity. Most of your focus on funding is the funding that comes from the Department of Interior, Indian Health Service, or the Bureau of Indian Affairs. Yet, support from tribal health also receives funding from CDC and NIH and Agriculture and EPA. If that sounds like a headache to keep track of – it is!

Two years ago, I asked for a comprehensive Native American budget

so I could examine spending on all of the programs across the federal budget that affect you. I was told that it was "impossible." It took an entire year to get it, but now you and I have a tool – a budget tracking device. Now as an appropriator, I can look at the aggregate impact of federal funding on programs over time, so that inadequate federal funding cannot be ignored anymore. And for the first time, this information is public and on Interior's website so you can look at it, too.

When I visited tribes in Minnesota and across the country, I saw the effects of what happens when a budget is not fully understood or monitored. I found it unacceptable that we could not easily track the dollars that were coming to you. Now we can use this new budget tool in our work to help get the dollars where they are needed the most. I take seriously my role as an appropriator of providing funding where it is needed. Thankfully, the Obama administration increased funding for Indian Country, and in my opinion, the FY2010 levels of funding need to be the base level.

In the Interior Appropriations subcommittee, there is real bipartisan support for protecting these funds. Chairman Simpson, Ranking Member Moran, and Congressman Cole have shown that they will advocate for Indian Country. We all sat together for two days at the beginning of May to hear Native American public witnesses testify.

We all heard about funding shortfalls, crumbling facilities, and broken promises.

My fellow Minnesotan, Leech Lake Tribal Representative Ribs Whitebird testified that his tribe does not "understand why the U.S. can spend billions of dollars on wars and foreign aid to Pakistan and Iraq, but can't pay for a school for Indian kids."

President John Yellow Bird Steele of the Oglala Sioux tribe testified that the Pine Ridge reservation has "inadequate healthcare, inadequate housing, and crime rates that the President has described as an 'assault on our national conscience that we can no longer ignore'." He reiterated that he was not in front of the committee for a handout, but to "remind Congress of its legal duty" to his people.

Councilman Dave Archambault II of the Standing Rock Sioux stated "We did uphold our treaties for almost 200 years now. Our end has been upheld with great sacrifices."

The federal government needs to live up to its commitments – it MUST live up to its commitments – and one area where the federal government is clearly not doing this is in the BIA and IHS Contract Support Costs. We heard over and over again about this problem. This is so wrong. The federal government does not short change its defense contractors.

This issue is simple. Under the Indian Self- Determination Act, the federal government contracts with tribes to carry out essential government services, but the federal government is not fully paying these contracts. The Supreme Court agrees that it this wrong. In 2005 in the Cherokee case, the Court held the government liable for underpaying IHS contracts. And earlier this month, the Tenth Circuit of Appeals in the Ramah Navajo Chapter case held the federal government liable for underpaying BIA contracts.

This has to change. I want this issue addressed, and I just requested language in the FY2012 Interior Appropriations report to remove the Contract Support Costs cap in both the BIA and IHS.

Tribes received a commitment from the federal government to provide health, education and law enforcement as part of the trust relationship. This relationship was established by treaties that have been signed by your nations – and by the United States.

And, after Obama was sworn in as our President, he issued a memorandum for the heads of all federal agencies directing them to all develop tribal consultation plans. And because of that, we have taken a huge step forward in respecting sovereignty and have had some big successes, but we face serious challenges ahead.

The federal government has the responsibility to fulfill its trust obligations, so when I walk into facilities that are not up to standard – I am ashamed that our government has not lived up to its responsibility. The deplorable conditions I have witnessed at times are not the tribe's fault. They are the failure of the federal government to act responsibly. Because of this failure, Indian children attend school in dilapidated buildings that should be condemned. Yet we expect them to learn!

This has to change, and this is why I am excited to stand here and be with you today, because I have seen Indian communities do amazing things when they are empowered and have the tools that are needed for success.

You have the ideas and the solutions, but what you need are informed and engaged partners at every level of government. Together, we can create more success. But in order to get there, we have to be able to talk honestly about what you need.

Many of you have done assessments within your community – and if you haven't, you need to start now. You also need to communicate to the federal government agencies, the White House and Congress how you want your facilities to function better and meet the needs of your people.

To have successful outcomes in Indian health, we need dedicated and health providers, engaged government officials, and we need funds. The only way to have real success is if every person in this audience, and all of your communities, and people like me are all standing together. That means working to keep open and update lines of communication, and but most importantly, invite Members to visit your facilities. They need to learn from you directly what your needs are, just as I have learned from you to understand the problems, and then to see the opportunities. I am eager to continue to work with you to find solutions.

There has to be a new level of relentless activism from the people in this room. You know what needs to be done – that's why you are here today. You know the health disparity statistics, because you see what diabetes, obesity, alcoholism and suicide are doing to your communities. You know that future generations are at stake.

Throughout history, you have persevered, even in the most dire and trying circumstances, and even when our federal government has failed you time and time again.

The time for failure is over.